

## PART B - FEE(S) TRANSMITTAL

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O I P E  
Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE  
OCT 10 2006  
10-12-06  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

00959 7590 07/11/2006

LAHIVE & COCKFIELD  
28 STATE STREET  
BOSTON, MA 02109

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/723,942      | 11/26/2003  | Hibiki Saeki         | SIW-074RCE2         | 9424             |

TITLE OF INVENTION: CONTROL APPARATUS FOR FUEL CELL VEHICLE

| APPLN. TYPE     | SMALL ENTITY | ISSUE FEE DUE  | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|-----------------|--------------|----------------|---------------------|----------------------|------------------|------------|
| nonprovisional  | NO           | \$1400         | \$0                 | \$1400               | \$1400           | 10/11/2006 |
| EXAMINER        | ART UNIT     | CLASS-SUBCLASS |                     |                      |                  |            |
| NGUYEN, CUONG H | 3661         | 701-022000     |                     |                      |                  |            |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Lahive & Cockfield, LLP  
2 Anthony A. Laurentano, Esq.  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HONDA MOTOR CO., LTD.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed. **All Fees were**  
 Payment by credit card. Form PTO-2038 is attached. **previously paid on 5/22/06**  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2-0080 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Anthony A. Laurentano

Date October 10, 2006

- Typed or printed name Anthony A. Laurentano

Registration No. 38,220

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/21 (07-06)

Approved for use through 09/30/2006. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

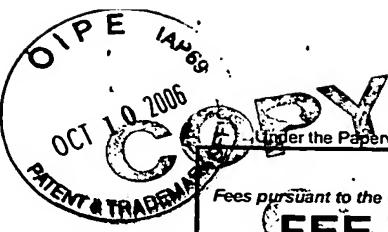
|  |  |                        |                        |
|--|--|------------------------|------------------------|
|  |  | Application Number     | 10/723,942-Conf. #9424 |
|  |  | Filing Date            | November 26, 2003      |
|  |  | First Named Inventor   | Hibiki SAEKI           |
|  |  | Art Unit               | 3661                   |
|  |  | Examiner Name          | C. H. Nguyen           |
| Total Number of Pages in This Submission |  | Attorney Docket Number | SIW-074RCE2            |

### ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Issue Fee Transmittal Form PTOL-85B   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Copy of Issue Fee Transmittal of May 22, 2006   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  | Return Receipt Postcard   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | Remarks   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                         |          |        |
|--------------|-------------------------|----------|--------|
| Firm Name    | LAHIVE & COCKFIELD, LLP |          |        |
| Signature    |                         |          |        |
| Printed name | Anthony A. Laurentano   |          |        |
| Date         | October 10, 2006        | Reg. No. | 38,220 |



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1,730.00)

| <b>Complete if Known</b> |                       |
|--------------------------|-----------------------|
| Application Number       | 10/723942-Conf. #9424 |
| Filing Date              | November 26, 2003     |
| First Named Inventor     | Hibiki SAEKI          |
| Examiner Name            | C. H. Nguyen          |
| Art Unit                 | 3661                  |
| Attorney Docket No.      | SIW-074               |

#### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> |                              | <u>SEARCH FEES</u> |                              | <u>EXAMINATION FEES</u> |                              |                       |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 300                | 150                          | 500                | 250                          | 200                     | 100                          |                       |
| Design                  | 200                | 100                          | 100                | 50                           | 130                     | 65                           |                       |
| Plant                   | 200                | 100                          | 300                | 150                          | 160                     | 80                           |                       |
| Reissue                 | 300                | 150                          | 500                | 250                          | 600                     | 300                          |                       |
| Provisional             | 200                | 100                          | 0                  | 0                            | 0                       | 0                            |                       |

##### 2. EXCESS CLAIM FEES

###### Fee Description

|  | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|--|---------------------|-----------------|-----------------|
| Each claim over 20 (including Reissues)            |                     | 50              | 25              |
| Each independent claim over 3 (including Reissues) |                     | 200             | 100             |
| Multiple dependent claims                          |                     | 360             | 180             |

|                     |                     |                 |                      |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 20 =              | x                   | =               |                      |

| <u>Multiple Dependent Claims</u> |                      |
|----------------------------------|----------------------|
| <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
|                                  |                      |

|                      |                     |                 |                      |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 3 =                | x                   | =               |                      |

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 =             | /50                 | (round up to a whole number) x                          | =               |                      |

##### 4. OTHER FEE(S)

|   |          |
|---|----------|
| Non-English Specification, \$130 fee (no small entity discount) |          |
| Other (e.g., late filing surcharge): 1501 Utility issue fee     | 1,400.00 |
| 1504 Publication fee for early, voluntary, or normal ...        | 300.00   |
| 8001 Printed copy of patent w/o color                           | 30.00    |

##### SUBMITTED BY

|                   |                       |                                      |              |           |                |
|-------------------|-----------------------|--------------------------------------|--------------|-----------|----------------|
| Signature         |                       | Registration No.<br>(Attorney/Agent) | 38,220       | Telephone | (617) 227-7400 |
| Name (Print/Type) | Anthony A. Laurentano | Date                                 | May 22, 2006 |           |                |



Inventor: Hibiki SAEKI et al.

COPY

Atty Docket No.: SIW-074

Application No.: 10/723942-Conf. #9424

Filing Date: November 26, 2003

Title: CONTROL APPARATUS FOR FUEL CELL VEHICLE

**Documents Filed:**

Transmittal (1 page)

Fee Transmittal (1 page in duplicate)

Issue Fee Transmittal Form PTOL-85B (1 page)

Charge \$1,730.00 to deposit account 12-0080

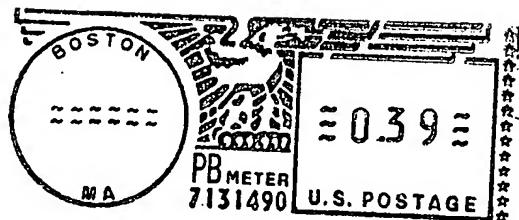
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|  | <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | \$                   |               |
| Date Accepted                                | Scheduled Date of Delivery   | Return Receipt Fee   |               |
| Mo. Day Year                                 | Month Day  | \$                   |               |
| Time Accepted                                | Scheduled Time of Delivery   | COD Fee              | Insurance Fee |
| □ AM<br>□ PM                                 | <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM                                      | \$                   | \$            |
| Flat Rate <input type="checkbox"/> or Weight | Military   | Total Postage & Fees |               |
| lbs. ozs.                                    | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                                | \$                   |               |
| Int'l Alpha Country Code                     | Acceptance Emp. Initials   |                      |               |

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## DELIVERY (POSTAL USE ONLY)

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|------------------|------|--|--------------------|
| Delivery Attempt | Time | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day          |      |  |                    |
| Delivery Attempt | Time | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day          |      |  |                    |
| Delivery Date    | Time | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day          |      |  |                    |

WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

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Anthony A. Laurentano/lgh SIW-074

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| PO ZIP Code                                  | Day of Delivery  | Postage              |               |
| 02101  | <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | \$ 14.40             |               |
| Date Accepted                                | Scheduled Date of Delivery   | Return Receipt Fee   |               |
| Mo. 5 Day 2006 Year                          | Month Day  | \$                   |               |
| Time Accepted                                | Scheduled Time of Delivery   | COD Fee              | Insurance Fee |
| □ AM<br>X □ PM                               | <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM                                      | \$                   | \$            |
| Flat Rate <input type="checkbox"/> or Weight | Military   | Total Postage & Fees |               |
| 2.4 lbs. ozs.                                | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                                | \$ 14.40             |               |
| Int'l Alpha Country Code                     | Acceptance Emp. Initials   |                      |               |

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| Delivery Attempt | Time | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day          |      |  |                    |
| Delivery Attempt | Time | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day          |      |  |                    |
| Delivery Date    | Time | <input type="checkbox"/> AM<br><input type="checkbox"/> PM | Employee Signature |
| Mo. Day          |      |  |                    |

WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.

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| 02101  | <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | \$ 14.40             |               |
| Date Accepted                                | Scheduled Date of Delivery   | Return Receipt Fee   |               |
| Mo. 5 Day 2006 Year                          | Month Day  | \$                   |               |
| Time Accepted                                | Scheduled Time of Delivery   | COD Fee              | Insurance Fee |
| □ AM<br>X □ PM                               | <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM                                      | \$                   | \$            |
| Flat Rate <input type="checkbox"/> or Weight | Military   | Total Postage & Fees |               |
| 2.4 lbs. ozs.                                | <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day                                | \$ 14.40             |               |
| Int'l Alpha Country Code                     | Acceptance Emp. Initials   |                      |               |

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